

1-Apr-2018

## Exemption Requests

IT

		PA-29	property in trust	Veterans' Credit	Worksheet DP-08	PA-30	Info sheet	Income work sheet	Qualifying Dates	DD-214	Due Dates
1	VETERAN	X	X	X					X	X	April 15
2	DISABLED VETERAN	X	X						X	X	April 15
3	ELDERLY	X	X				X	X			April 15
4	BLIND	X	X				X	X			April 15
5	DISABLED	X	X				X	X			April 15
6	LOW/MODERATE INCOME				X						May 1-June 30
7	Elderly/Disabled Deferral					X		X			March 1

- 1 T/C reviews and submits to Assessor for approval
- 2 T/C reviews and submits to Assessor for approval
- 3 T/C provides forms /Town Administrator reviews
- 4 T/C provides forms /Town Administrator reviews
- 5 T/C provides forms /Town Administrator reviews
- 6 Form mailed directly to applicants from State/ we can provide form, mailed to State
- 7 T/C provides forms /Town Administrator reviews

# Town of Hampton Falls

## TAX DEFERRAL FOR ELDERLY AND DISABLED QUALIFICATIONS WORKSHEET

This worksheet is to be completed and submitted along with all supporting documentation. All information supplied will be treated confidentially and any supporting documents will be returned upon approval or denial of the application.

FIRST TIME APPLICANT \_\_\_\_\_ PREVIOUS APPLICANT \_\_\_\_\_ (Please check one)

Please print all information clearly:

Applicant's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Co-Applicant/Spouse Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Principle Place of Abode: \_\_\_\_\_ Date of NH Residency \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**INCOME:** Please list income from all sources, amounts of all **per year** and attach supporting documentation such as social security statements, W-2's and 1099's to this worksheet.

SOURCE:	Applicant:	Applicant's Spouse:	Documentation
Social Security:	\$ _____	\$ _____	_____
Pension & Retirement	\$ _____	\$ _____	_____
Wages:	\$ _____	\$ _____	_____
Unemployment/VA Benefit:	\$ _____	\$ _____	_____
Disability/Worker's Comp:	\$ _____	\$ _____	_____
Rental Income:	\$ _____	\$ _____	_____
Interest/Dividends Income	\$ _____	\$ _____	_____
Public Assistance:	\$ _____	\$ _____	_____
Other Income:	\$ _____	\$ _____	_____
Total Income:	\$ _____	\$ _____	

**MONTHLY EXPENSES:** Please list your expenses based on the previous month in which this application is being made (e.g. if you are applying in February, provide expenses from January). For any expenses listed, please provide proof of expense (i.e. copies of bills, utility statements, bank statements, receipts, etc.). Please fill this section out completely. If you do not have an expense, please indicate that it is not applicable by writing in N/A.

**Mandatory payments**

Child support \$ \_\_\_\_\_  
Mandatory Pension \$ \_\_\_\_\_  
Alimony \$ \_\_\_\_\_  
Back taxes \$ \_\_\_\_\_  
Other court ordered \$ \_\_\_\_\_

**Uninsured Health Care**

Medical \$ \_\_\_\_\_  
Dental \$ \_\_\_\_\_  
Orthodontics \$ \_\_\_\_\_  
Eye care/glasses/contacts \$ \_\_\_\_\_  
Prescription drugs \$ \_\_\_\_\_  
Therapy/counseling \$ \_\_\_\_\_

**Housing**

Rent/mortgage payments \$ \_\_\_\_\_  
Property taxes \$ \_\_\_\_\_  
Condo fees \$ \_\_\_\_\_  
Home maintenance  
(snow removal/lawn care) \$ \_\_\_\_\_

**Transportation**

Primary vehicle payment \$ \_\_\_\_\_  
Other vehicle payment \$ \_\_\_\_\_  
Vehicle maintenance/gas \$ \_\_\_\_\_  
Registration/tax \$ \_\_\_\_\_

**Utilities**

Heat (oil/propane/gas, etc.) \$ \_\_\_\_\_  
Telephone (home) \$ \_\_\_\_\_  
Telephone (cell) \$ \_\_\_\_\_  
Electricity \$ \_\_\_\_\_  
Cable television \$ \_\_\_\_\_  
Internet \$ \_\_\_\_\_  
Water/Sewer \$ \_\_\_\_\_

**General/Personal**

Groceries \$ \_\_\_\_\_  
Meals eaten out \$ \_\_\_\_\_  
Clothing \$ \_\_\_\_\_  
Hair care \$ \_\_\_\_\_  
Toiletries & cosmetics \$ \_\_\_\_\_  
Pet food and care \$ \_\_\_\_\_  
Church & charities \$ \_\_\_\_\_  
Laundry & dry cleaning \$ \_\_\_\_\_  
Gifts \$ \_\_\_\_\_  
Newspapers and magazines \$ \_\_\_\_\_  
Credit card payments \$ \_\_\_\_\_  
Other loan payments \$ \_\_\_\_\_  
Entertainment \$ \_\_\_\_\_

**Insurance**

Homeowner/renter \$ \_\_\_\_\_  
Vehicle(s) \$ \_\_\_\_\_  
Health/dental \$ \_\_\_\_\_  
Life/disability \$ \_\_\_\_\_

**MONTHLY TOTAL \$** \_\_\_\_\_

**ASSETS:** Please list all assets owned. Attach most recent 3 months of bank statements – ALL PAGES and any other supporting documentation.

INSTITUTION NAME:	TYPE:	VALUE/AMOUNT	STATEMENT DATE
_____	Checking	_____	_____
_____	Savings	_____	_____
_____	IRA	_____	_____
_____	Mortgage(Reverse)	_____	_____
_____	Other	_____	_____

**VEHICLES / BOATS / ANTIQUES / OTHER:**

A. Car: Make / Model / Year / Mileage \_\_\_\_\_ Est. Value \$ \_\_\_\_\_

B. Car: Make / Model / Year / Mileage \_\_\_\_\_ Est. Value \$ \_\_\_\_\_

C. Boat / Model / Year \_\_\_\_\_ Est. Value \$ \_\_\_\_\_

D. RV / Model / Year \_\_\_\_\_ Est. Value \$ \_\_\_\_\_

E. Antiques / Collections \_\_\_\_\_ Est. Value \$ \_\_\_\_\_

F. Other (Description) \_\_\_\_\_ Est. Value \$ \_\_\_\_\_

**REAL ESTATE:** Include all real estate owned anywhere including residence.

Property Type \_\_\_\_\_ In Town/State \_\_\_\_\_  
 \*\*Provide copy of property tax bill. Estimated Market Value \$ \_\_\_\_\_

**TOTAL OF All ASSETS \$ \_\_\_\_\_**

I swear, under penalty of perjury, that all the above is a correct and accurate accounting of my financial condition to the best of my knowledge and that this is my primary place of abode per RSA 72:38-a. I further authorize any agency or financial institution to release information about me or copies of my records to any agent of the **Town of Hampton Falls**. I release all persons whomsoever from any liability resulting from the release of this information.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

COAPPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

**PLEASE RETURN THIS QUESTIONNAIRE AND ALL SUPPORTING DOCUMENTATION  
 BY MARCH 1st OF THE QUALIFYING TAX YEAR**

ABOVE CALCULATIONS BASED UPON FINANCIALS PRODUCED BY PROPERTY OWNER. DESCRIPTION OF FINANCIAL IS SHOWN UNDER CATEGORY. THIS WORKSHEET WILL BE KEPT CONFIDENTIAL EXCEPT THAT THE COMMISSIONER OF THE DEPARTMENT OF REVENUE ADMINISTRATION OR HIS DESIGNEE SHALL HAVE ACCESS TO IT DURING THE DEPARTMENT'S FIVE YEAR ASSESSMENT AND IT MAY ALSO BE USED BY THE TOWN IN DEFENSE OF ANY ACTION TAKEN AS A RESULT OF DECISION RENDERED ON INFORMATION CONTAINED HEREIN. REVIEW OF ASSESSING PRACTICES (RSA 21-J:11-a).



FORM

PA-30

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

**ELDERLY AND DISABLED TAX DEFERRAL APPLICATION**

DUE MARCH 1 FOLLOWING THE NOTICE OF TAX

<b>STEP 1</b> OWNER AND APPLICANT NAME AND ADDRESS	<b>OWNER AND APPLICANT INFORMATION</b>																	
	OWNER <input style="width: 500px;" type="text"/>					If required, is a PA-33 on file? <input type="radio"/> YES <input type="radio"/> NO												
	APPLICANT'S LAST NAME <input style="width: 150px;" type="text"/>		APPLICANT'S FIRST NAME <input style="width: 150px;" type="text"/>		MI <input style="width: 30px;" type="text"/>													
	APPLICANT'S LAST NAME <input style="width: 150px;" type="text"/>		APPLICANT'S FIRST NAME <input style="width: 150px;" type="text"/>		MI <input style="width: 30px;" type="text"/>													
	STREET ADDRESS <input style="width: 900px;" type="text"/>																	
	MAILING ADDRESS (if different from above) <input style="width: 900px;" type="text"/>																	
	CITY/TOWN <input style="width: 300px;" type="text"/>				STATE <input style="width: 50px;" type="text"/>	ZIPCODE <input style="width: 50px;" type="text"/>												
<b>STEP 2</b> PROPERTY LOCATION	<b>PROPERTY LOCATION</b>																	
	STREET <input style="width: 900px;" type="text"/>																	
	CITY/TOWN <input style="width: 300px;" type="text"/>				COUNTY <input style="width: 100px;" type="text"/>													
	NUMBER OF ACRES <input style="width: 50px;" type="text"/>	TAX MAP <input style="width: 50px;" type="text"/>	BLOCK <input style="width: 50px;" type="text"/>	LOT <input style="width: 50px;" type="text"/>	BOOK <input style="width: 50px;" type="text"/>	PAGE <input style="width: 50px;" type="text"/>												
<b>STEP 3</b> TO BE COMPLETED BY PROPERTY OWNER	(a) Tax year for which the deferral is requested <input style="width: 80px;" type="text"/> (b) Amount of requested tax deferral <input style="width: 80px;" type="text"/> (c) Amount of tax bill <input style="width: 80px;" type="text"/> (d) Is the applicant: <table style="margin-left: 100px; border: none;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>65 or older and has owned homestead for five (5) consecutive years; or</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>Receives benefits under Title II or Title XVI of the Federal Social Security Act and has owned homestead for one year; and</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>Living in the home?</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> </table>							YES	NO	65 or older and has owned homestead for five (5) consecutive years; or	<input type="radio"/>	<input type="radio"/>	Receives benefits under Title II or Title XVI of the Federal Social Security Act and has owned homestead for one year; and	<input type="radio"/>	<input type="radio"/>	Living in the home?	<input type="radio"/>	<input type="radio"/>
	YES	NO																
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Receives benefits under Title II or Title XVI of the Federal Social Security Act and has owned homestead for one year; and	<input type="radio"/>	<input type="radio"/>																
Living in the home?	<input type="radio"/>	<input type="radio"/>																
<b>STEP 4</b> OWNER SIGNATURES	I understand that upon approval of this application by the municipal assessing officials, a lien shall be created against the above described property, pursuant to RSA 72:38-a. My signature below indicates my agreement with the obligation incurred against the property described in Step 2 above. Under penalties of perjury, I declare that I have examined this document and to the best of my belief the information herein is true, correct and complete.																	
	TYPE OR PRINT NAME <input style="width: 150px;" type="text"/>		SIGNATURE (IN INK) <input style="width: 150px;" type="text"/>		DATE <input style="width: 50px;" type="text"/>													
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NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
**ELDERLY AND DISABLED TAX DEFERRAL APPLICATION**

<b>STEP 5</b> APPROVAL BY THE MORTGAGEE	<p>By signing below, the mortgagee signifies that they do approve and are duly notified that upon approval of this application by the municipal assessing officials, a lien shall be created against the above described property, pursuant to RSA 72:38-a, III.</p> <hr/> <p>NAME OF MORTGAGE HOLDER _____</p> <hr/> <p>SIGNATURE OF OFFICER OR AGENT FOR MORTGAGEE _____ TITLE _____ DATE _____</p>																					
<b>TO BE COMPLETED BY MUNICIPAL ASSESSING OFFICIALS</b>																						
<b>STEP 6</b> AMOUNT OF TAXES DEFERRED	<p>(a) Amount of tax deferred in prior years <input style="width: 100px;" type="text"/></p> <p>(b) Amount of tax deferred in current year <input style="width: 100px;" type="text"/></p> <p>(c) Total amount of taxes deferred [6(a) + 6(b)] <input style="width: 100px;" type="text"/></p>																					
<b>STEP 7</b> PERCENT OF EQUITY VALUE ENCUMBERED	<p>(a) Enter the percentage of total equity value of the property encumbered in prior years <input style="width: 100px;" type="text"/></p> <p>(b) Enter the percentage of total equity value of the property encumbered in current year <input style="width: 100px;" type="text"/></p> <p>(c) Percentage of total equity value the property encumbered for: All Years [7(a) + 7(b)] <input style="width: 100px;" type="text"/></p>																					
<b>STEP 8</b> MUNICIPAL DECISION	<table style="width:100%; border: none;"><thead><tr><th style="width: 50%;"></th><th style="width: 10%;">GRANTED</th><th style="width: 10%;">DENIED</th><th style="width: 20%;">AMOUNT</th><th style="width: 10%;">DATE</th></tr></thead><tbody><tr><td><input type="checkbox"/> Elderly Tax Deferral</td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td><input style="width: 100px;" type="text"/></td><td><input style="width: 100px;" type="text"/></td></tr><tr><td><input type="checkbox"/> Disabled Tax Deferral</td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td><input style="width: 100px;" type="text"/></td><td><input style="width: 100px;" type="text"/></td></tr></tbody></table> <p>For Deferrals: This page must be returned to the property owner after approval or denial, on or before July 1, following the date of Notice of Tax as defined in RSA 72:1-d, by first class mail. (RSA 72:34, IV)</p> <p>Reason for Denial <div style="border: 1px solid black; height: 50px; width: 100%; margin-top: 5px;"></div></p>					GRANTED	DENIED	AMOUNT	DATE	<input type="checkbox"/> Elderly Tax Deferral	<input type="radio"/>	<input type="radio"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input type="checkbox"/> Disabled Tax Deferral	<input type="radio"/>	<input type="radio"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>			
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<b>STEP 9</b> APPROVAL OF A MAJORITY OF SELECTMEN / MUNICIPAL ASSESSING OFFICIALS	<table style="width:100%; border: none;"><tbody><tr><td style="width: 45%; border-bottom: 1px solid black;">PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL</td><td style="width: 45%; border-bottom: 1px solid black;">SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL</td><td style="width: 10%; border-bottom: 1px solid black;">DATE</td></tr><tr><td style="border-bottom: 1px solid black;">PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL</td><td style="border-bottom: 1px solid black;">SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL</td><td style="border-bottom: 1px solid black;">DATE</td></tr><tr><td style="border-bottom: 1px solid black;">PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL</td><td style="border-bottom: 1px solid black;">SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL</td><td style="border-bottom: 1px solid black;">DATE</td></tr><tr><td style="border-bottom: 1px solid black;">PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL</td><td style="border-bottom: 1px solid black;">SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL</td><td style="border-bottom: 1px solid black;">DATE</td></tr><tr><td style="border-bottom: 1px solid black;">PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL</td><td style="border-bottom: 1px solid black;">SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL</td><td style="border-bottom: 1px solid black;">DATE</td></tr><tr><td style="border-bottom: 1px solid black;">PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL</td><td style="border-bottom: 1px solid black;">SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL</td><td style="border-bottom: 1px solid black;">DATE</td></tr></tbody></table>				PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	DATE	PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	DATE	PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	DATE	PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	DATE	PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	DATE	PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	DATE
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**ELDERLY AND DISABLED TAX DEFERRAL APPLICATION**

<b>WHO MAY FILE</b>	Under the provisions of RSA 72:38-a, I, any resident property owner may apply for a tax deferral if they: <ul style="list-style-type: none"> <li>• Are either at least 65 years of age or eligible under Title II or Title XVI of the Federal Social Security Act for benefits for the disabled;</li> <li>• Have owned the homestead for at least five consecutive years if elderly or at least one year if disabled; and</li> <li>• Are living in the home.</li> </ul>
<b>WHEN TO FILE</b>	The completed Form PA-30 shall be filed by March 1 following the date of notice of tax. Example: If you are applying for a tax deferral from your 2014 property taxes, which are due no earlier than December 1, 2014, then you have until March 1, 2015 to file this form.
<b>WHERE TO FILE</b>	Once completed and signed in ink, this form shall be filed as follows: Original: Register of Deeds Copy: To the Selectmen / Municipal Assessing Officials of the municipality of your primary residence Copy: Property Owner
<b>TAX DEFERRAL PROVISIONS</b>	The municipal assessing officials may annually grant a person qualified under this paragraph a tax deferral for all or part of the taxes due, plus annual interest at five percent, if in their opinion the tax liability causes the taxpayer an undue hardship or possible loss of the property. The total of tax deferrals on a particular property shall not be more than 85 percent of its equity value.  A tax deferral shall be subject to any prior liens on the property and shall be treated as such in any foreclosure proceedings.  If the property is subject to a mortgage, the owner must have the mortgage holder's approval of the tax deferral. Such approval does not grant the town a preferential lien.
<b>APPEALS</b>	The municipal assessing officials shall send written notice advising the taxpayer of their decision to grant or deny the request for exemption by July 1. Failure of the municipal assessing officials to respond shall constitute a denial of the application.  If an application for a property tax deferral is denied, an applicant may appeal in writing on or before <b>September 1</b> following the date of notice of tax under RSA 72:1-d, to the New Hampshire Board of Tax and Land Appeals (BTLA) or the County Superior Court in the county where the property is located. Example: If you were denied a deferral from your 2014 property taxes, you have until September 1, 2015 to appeal.  Forms for appealing to the Board of Tax and Land Appeals may be obtained from the New Hampshire Board of Tax and Land Appeals, 107 Pleasant Street, Concord, NH 03301, by calling (603) 271-2578 or by visiting their website at <a href="http://www.nh.gov/btla">www.nh.gov/btla</a> . Be sure to specify that you are appealing the Elderly or Disabled Tax Deferral application denial.
<b>ADA COMPLIANCE</b>	Individuals who need auxiliary aids for effective communication in programs and services of the New Hampshire Department of Revenue Administration are invited to make their needs and preferences known. Individuals with hearing or speech impairments may call TDD Access: Relay NH 1-800-735-2964.
<b>NEED HELP</b>	Contact your local municipality or the Municipal and Property Division at (603) 230-5950; or visit the department's website at <a href="http://www.revenue.nh.gov/forms">www.revenue.nh.gov/forms</a> .

**LINE-BY-LINE INSTRUCTIONS**

<b>STEP 1</b>	Enter the complete name and address of the property owner(s) requesting a tax deferral under RSA 72:38-a.
<b>STEP 2</b>	Enter the location, street address, municipality, county, number of acres, tax map, block and lot numbers, and book and page numbers of the property for which the RSA 72:38-a, deferral is requested.
<b>STEP 3</b>	(a) Enter the tax year for which the deferral is requested. (b) Enter the amount of the requested tax deferral. (c) Enter the amount of the tax bill for the year of this application. (d) Check the appropriate boxes to indicate that all of the qualification requirements have been met.
<b>STEP 4</b>	<b>ALL</b> property owners of record must type or print their full name, sign and date in ink, acknowledging that they understand and agree to the obligation incurred against the property by electing a deferral of taxes under RSA 72:38-a. If there are more than four owners, submit a supplemental list of names and signatures.
<b>STEP 5</b>	Enter the name of the mortgage holder and obtain the signature of an authorized agent for the mortgage holder.
<b>STEP 6</b>	The municipal assessing officials shall complete this step. (a) Enter the amount of taxes deferred in prior years. (b) Enter the amount of tax requested for deferral in the current year. (c) The total amount of the tax deferral (Step 6(a) plus Step 6(b)).
<b>STEP 7</b>	The municipal assessing officials shall complete this step. (a) Enter the percentage of the total equity value encumbered under RSA 72:38-a in prior years. (b) Enter the percentage of the total equity value encumbered under RSA 72:38-a in the current year. (c) The percentage of the total equity value encumbered for all years combined (Step 7(a) plus Step 7(b)). <b>If the result of Step 7(c) exceeds 85 percent, this application will be denied pursuant to RSA 72:38-a, I.</b>
<b>STEP 8</b>	The municipal assessing officials shall complete this step. Check applicable box for type of tax deferral. Check whether tax deferral was granted or denied. If granted, enter dollar amount granted. Enter date tax deferral was granted.
<b>STEP 9</b>	Signatures of a majority of the local Selectmen or municipal assessing officials on the lines provided indicates approval.



